

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 315563

Applicant: SOUTHEAST MISSOURI HOSPITAL

License Number: 24-00128-03

Docket Number: 030-02264

Date Voided: OCT. 24, 2006

Reason for Void: This original submission was voided due to terminal deficiencies which were correctly reported to by Oct. 23, 2006.

Colleen Carol Casey 10/24/06
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

- Refund Authorized and processed
- No Refund Due
- Fee Exempt or Fee Not Required

Comments: _____

Log completed _____
Processed by: _____